

# **NEBRASKA'S COMPREHENSIVE SMALLPOX RESPONSE PLAN**

**DECEMBER 1, 2002**

**State of Nebraska Office of Homeland Security  
And  
Nebraska Health and Human Services System**

State of Nebraska Office of Homeland Security  
David Heineman, Lieutenant Governor, Director

Nebraska Health and Human Services System  
Richard A. Raymond, MD, Chief Medical Officer  
Joann Schaefer, MD, Deputy Chief Medical Officer

In Collaboration with the Nebraska Emergency Management Agency

## TABLE OF CONTENTS

Definition of Terms and Acronyms

Introduction

### PRE-EVENT

#### **I. Surveillance, Pre-event**

- A. General overview
- B. Smallpox – Pre-event Surveillance

#### **II. Education, Pre-event**

- A. Professional Education
- B. Nebraska Center for Bioterrorism Education

#### **III. Vaccination, Pre-Event**

- A. Identification of Targeted Populations to be Vaccinated Pre-event
- B. Pre-event Vaccination Administration

#### **IV. Local Capacity; Mass Clinic Planning, Pre-event**

- A. Manual: Draft Guidelines for Mass Administration of Vaccines and Prophylactic Medications, October, 2002 (Copy attached)
- B. Operational Concepts for Clinics
- C. Identification of Health Department Contacts and Clinic Sites

### POST-EVENT

#### **I. Smallpox Preparedness Capacities**

- A. Organization and Capacity
- B. Assignment of Staff Roles and Responsibilities
- C. Pre- and Post Event Enhanced Surveillance
- D. Identification of Clinic Sites
- E. Training and Education
- F. Data Management

#### **II. Smallpox Response Capacities**

- A. Case Investigations
- B. Vaccination Strategy
- C. Vaccine Logistics and Security
- D. Clinic Operations and Management
- E. Vaccine Safety Monitoring, Reporting, and Patient Referral
- F. Communications

### ATTACHMENTS

- Manual: Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications
- NE HHSS Organizational Chart/Call Down

- Nebraska Regulations, Title 173 Communicable Diseases, Chapter 1 Reporting and Control of Communicable Diseases
- Nebraska Statutes Containing References to Communicable Disease Surveillance and Control
- Nebraska Bioterrorism Education Consortium description
- Quarantine Measures in Response to a Suspected Smallpox Outbreak, Guide C – Isolation Guidelines, CDC
- Specimen Collection and Transport Guidelines, CDC Guide D
- Decontamination Guidelines, Guide F, CDC Decontamination Guidelines, Guide F, CDC
- Checklists for State/Local/CDC Personnel Actions in a Smallpox Emergency, CDC Annex 8
- Generalized Vesicular or Pustular Rash Illness Protocol
- Checklists for State/Local/CDC Personnel Actions in a Smallpox Emergency, Annex 8, CDC

## Definition of Terms and Acronyms

**NOTE: In this document, local health departments are those county and multi-county health departments recognized in LB692, plus Scotts Bluff County, Dakota County and Sandhills Multi-county Health District**

CDC = Centers for Disease Control and Prevention

DCHD = Douglas County Health Department

DFA = direct florescent antibody

LEOP= Local Emergency Operations Plan

LLCHD = Lincoln-Lancaster County Health Department

LMMRS - Lincoln Metropolitan Medical Response System

NeHAN = Nebraska Health Area Network

NE HHSS = Nebraska Health and Human Services System

NE HHS R&L = Nebraska Health and Human Services Department of Regulation and Licensure

NETSS: National Electronic Telecommunications System for Surveillance

NEMA = Nebraska Emergency Management Agency

NHA = Nebraska Hospital Association

NMA = Nebraska Medical Association

NNA = Nebraska Nurses Association

NPHL = Nebraska Public Health Laboratory

OMMRS = Omaha Metropolitan Medical Response System

PCR = polymerized chain reaction

SEOP = Nebraska State Emergency Operations Plan

SNS= Strategic National Stockpile

# NEBRASKA

## COMPREHENSIVE SMALLPOX RESPONSE PLAN

### DECEMBER 1, 2002

#### INTRODUCTION

A coordinated public health response is essential, should smallpox be used as a biological weapon. State, regional and local public health officials, local emergency management directors, private health care providers and communities must work in a coordinated, organized manner when dealing with the serious issues presented by a case of smallpox in Nebraska or elsewhere. The resources available to respond to smallpox vary considerably across the state. It is the responsibility of the Nebraska Office of Homeland Security, Nebraska Health and Human Services System (NE HHSS), local health departments, Nebraska Emergency Management Agency (NEMA) and other partners to make the best possible use of existing state and local public, private and volunteer resources. Warning periods are expected to be very short and tremendous personnel and material resources will be required during such a response. State and local planning will include the identification of resources, determining the areas' service delivery capacities, identifying gaps in service delivery, and securing and providing the additional resources necessary to address the areas' threat.

This document addresses pre-event and post-event activities that are essential to protect the health of people living in Nebraska. In the event that the Governor declares an Official State of Emergency, this document should be used in conjunction with the Nebraska State Emergency Operations Plan (SEOP).

The Nebraska Emergency Management Act grants the Governor authority to provide state-level support to local governments in times of extreme emergency or disaster. Each local government is served by NEMA and is required to participate in an emergency management organization that has either a full-time director or full-time deputy director. The Nebraska State Emergency Operations Plan describes how State Government responds to occurrences of disasters and emergencies throughout the State. The planning for a smallpox response requires special emphasis on certain functions that are not specifically addressed in the Nebraska State Emergency Operations Plan (NE SEOP). The Nebraska Comprehensive Smallpox Plan is considered a partner document to the NE SEOP; however, an official emergency does not have to be declared to implement portions of the Plan.

**NOTE: Every effort will be made to up-date this document with the most recent Federal requirements, recommendations and guidelines; regardless, NE HHSS will follow the latest requirements issued by the Federal**

**Government and Centers for Disease Control and Prevention (CDC) and use the latest CDC recommendations and guidelines related to the diagnosis and control of smallpox disease, vaccine handling and administration, and the operation of mass clinics.**

**PRE-EVENT**

**I. Surveillance, Pre-event**

**A. General overview**

1. On-going communicable disease surveillance, data analyses, and investigation are essential for the early detection of clusters, outbreaks or unusual events that may indicate a possible bioterroristic attack. Nebraska Statute 71-502 states, "The Department of Health and Human Services Regulation and Licensure shall have supervision and control over all matters relating to necessary communicable disease control and shall adopt and promulgate such proper and reasonable general rules and regulations as will best serve to promote communicable disease control throughout the state and prevent the introduction or spread of disease."

Communicable disease reporting requirements are described in Nebraska Administrative Code, Title 173, Chapter 1, Reporting and Control of Communicable Disease (attached). Health care providers, hospitals and laboratories are required to make immediate reports of potential agents of bioterrorism:

- Anthrax (*Bacillus anthracis*)
- Botulism (*Clostridium botulinum*)
- Brucellosis (*Brucella species*)
- Glanders [*Burkholderia (Pseudomonas) mallei*]
- Marburg virus
- Melioidosis [*Burkholderia (Pseudomonas) pseudomallei*]
- Plague (*Yersinia pestis*)
- Q fever (*Coxiella burnetii*)
- Smallpox
- Staphylococcal enterotoxin B intoxication
- Tularemia (*Francisella tularensis*)
- Venezuelan equine encephalitis

Additionally, health care providers, hospitals and laboratories are required to make immediate reports of clusters, outbreaks or unusual events, including possible bioterroristic attacks. Immediate reports are to be made by telephone, facsimile or other secure electronic mail system. Using the Centers for Disease Control and Prevention (CDC) Bioterrorism Grant funds, all clinical laboratories in Nebraska now have the capability for internet connectivity with the Nebraska Public Health Laboratory (NPHL)

to reduce reporting time. The regulations define 'immediate' as within 24 hours of detection or diagnosis; however, **health care providers, hospitals and laboratories are being asked to report as soon as there is a suspicion so that NE HHSS can immediately start its investigation and control activities, including collection and testing of specimens, confinement of suspects, treatment of cases and contacts, etc.**

The Communicable Disease Program, a part of Environmental, Disease and Vector Surveillance, located in the Public Health Assurance Division of the Nebraska Department of Health and Human Services Regulation and Licensure (NE HHS R&L), receives communicable disease reports directly from hospitals, physicians and laboratories in all counties except Douglas and Lancaster. The Douglas County Health Department (DCHD) and the Lincoln-Lancaster County Health Department (LLCHD) receive communicable disease case reports in their counties. These two county health departments assume surveillance and control responsibilities for all reports in their counties and forward their counties' case reports and investigation forms to the NE HHS R&L Communicable Disease Program. Other local health departments are just now developing the capacity to be fully functioning health departments. NE HHSS will be revising communicable disease regulations to include requirements for training in epidemiologic principles and competency demonstration so that as the departments mature, they may assume responsibilities related to communicable disease surveillance, investigation and follow-up.

Communicable Disease staff perform routine follow-up activities that are specific to the diseases reported. **Non-routine or unusual situations, including possible bioterroristic attacks, are immediately reported by Douglas and Lancaster County Health Departments and/or the Communicable Disease staff to the State Epidemiologist, whose office and staff are also located in Environmental, Disease and Vector Surveillance. The State Epidemiologist determines if and what further surveillance, investigation and control activities are appropriate.**

2. General surveillance methodology
  - a. Passive surveillance is routinely used by the HHS R&L Communicable Disease Program unless an unusual cluster or situation is detected.
    - 1) Passive surveillance: communicable disease reports are regularly submitted to NE HHS R&L, without Communicable Disease staff first contacting potential reporting sources.
    - 2) Routine submission of communicable disease reports result from education of targeted professionals regarding:
      - (a) Communicable disease reporting requirements, including smallpox and other potential agents of bioterrorism,

- (b) The importance of routine reporting and follow-up of Communicable Disease , including potential agents of bioterrorism, in order to protect the public's health.
- b. Active surveillance is implemented when needed to detect and /or monitor unusual clusters or events, including possible bioterroristic attacks.
  - 1) Active surveillance: Communicable Disease staff solicit reports of Communicable Disease by contacting potential reporting sources by telephone, facsimile, letter, the Nebraska Health Alert Network (NeHAN), site visit and/or other method as deemed appropriate for the situation.
  - 2) Duration of active surveillance (i.e. 1 month), area (i.e. building, neighborhood, town, county), frequency of contacts (i.e. daily, weekly) and reporting sources contacted are determined based on the disease being monitored, its morbidity and mortality and its current threat to the public's health.
- c. Active surveillance activities are modified as needed in order to better access and monitor the current situation and disease morbidity and mortality.
- 3. Sources of reports to the NE HHS R&L Communicable Disease Program
  - a. Mandated reporters include health care providers, hospitals, laboratories and local health departments.
  - b. Voluntary reporters include state and local health departments outside of Nebraska, the Centers for Disease Control and Prevention (CDC) and other concerned professionals or citizens (i.e. schools, day care providers, employers, industries).
- 4. Reporting Cases
  - a. 173 NAC 1-003 lists the reportable diseases, poisonings and organisms and frequency of reports, including reporting of potential agents of bioterrorism, and clusters, outbreaks or unusual events, including possible bioterroristic attacks (i.e. smallpox).
  - b. 173 NAC 1-004 outlines methods of reporting by mandated reporters and content of reports.
  - c. Case reports are entered in NETSS (National Electronic Transmitting Surveillance System) and forwarded to CDC.

(Note: NE HHS R&L is building an electronic laboratory reporting system that will provide immediate laboratory results to providers and public health officials.)
- 5. Investigation forms

In addition to receiving case reports for reportable communicable diseases, Communicable Disease staff conduct case investigations in accordance with the protocol outlined for each reportable communicable disease and use investigation forms provided by CDC. Hospitals, laboratories and physicians are not required by statutes or regulations to provide the information necessary to complete the investigation forms. Voluntary cooperation is requested to further the understanding of and control of communicable diseases.



6. Follow-up of case reports

- a. All reports received are screened by Communicable Disease program staff and forwarded to the person/program responsible for follow-up.
- b. Communicable Disease staff perform routine surveillance and follow-up activities, in accordance with established protocol.
- c. When an unusual situation occurs, including the possible use of an agent for bioterrorism purposes (i.e. unusual rash, increased morbidity, rare diagnoses), the State Epidemiologist is immediately informed before further action is taken.
- d. The State Epidemiologist oversees the investigation and implementation of control measures related to clusters, outbreaks or unusual events, including possible bioterroristic attacks (i.e. smallpox).
- e. Unusual outbreaks, infections, clusters or, in particular, possible bioterroristic agents or attacks, are immediately reported to the Chief Medical Officer for further action, such as notification of other state and local public health officials, NEMA, agency and department administrators, Office of Homeland Security, CDC, hospital administrators and private practitioners.
- f. If HHS R&L Communicable Disease receives a communicable disease report for a case that occurred in Lancaster or Douglas Counties or in another state, Communicable Disease staff notify LLCHD, DCHD or the other state about the case and forward all relevant case information so that the local or other state health department can appropriately investigate the case and implement appropriate control measures as per the protocol in their jurisdiction.
- g. Case definitions are consistent with the latest Case Definitions for Infectious Conditions Under Public Health Surveillance, U.S. Public Health Service.

7. Role of CDC

- a. CDC is used by NE HHSS as a reference and resource.
- b. CDC immediately notifies NE HHSS and other state health departments of bioterrorism events, using rapid communication systems (i.e. E-mail, facsimile, telephone) so that NE HHSS can implement active surveillance per CDC's directions and begin proactive steps, such as the implementation of a vaccination plan, and begin communication preparations for the media, public, and health professionals.
- c. CDC provides NE HHSS technical assistance and advanced laboratory analysis as needed in order to appropriately monitor and control communicable disease in Nebraska.

B. Smallpox – Pre-event Surveillance

1. Passive surveillance is routinely used by HHS R&L Communicable Disease unless an unusual cluster or situation is detected.
  - a. Passive surveillance: reporting sources are instructed to immediately report any suspicious illness consistent with smallpox.

- (1) Reporting sources (health care providers, hospitals, laboratories) and local health departments receive education and resource packets on:
  - (a) Smallpox disease;
  - (b) Diagnosis (i.e. differential diagnosis, addressing smallpox disease, chickenpox and vaccinia);
  - (c) Treatment of disease;
  - (d) Laboratory testing and courier services/transportation of specimens;
  - (e) Smallpox vaccine, including contraindications, side effects, recognition of adverse reactions, treatment of adverse reactions, including vaccinia;
  - (f) Patient education materials (related to disease and vaccine);
  - (g) Monitoring patients for unusual illnesses [i.e. syndromic surveillance (i.e. flu-like; rash-fever illnesses)]; and
  - (h) Public health reporting requirements (i.e. need for immediate reporting, how to report to NE HHS R&L, DCHD or LLCHD).
  - (i) Smallpox Response' packets include appropriate CDC and NE HHSS reference materials and protocol, investigation forms, reporting criteria and methodology. Resource packets include:
    - A summary of Nebraska statutes addressing communicable disease reporting and control (attached);
    - Nebraska regulations, Title 173, Chapter 1, Reporting and Control of Communicable Disease (attached) ;
    - CDC Poster 'Evaluating Patients for Smallpox';
    - Generalized Vesicular or Pustular Rash Illness Protocol (CDC pamphlet);
    - Smallpox investigation forms (CDC forms - attached);
    - Isolation Guidelines (CDC Guide C - attached);
    - Specimen and Transport Guidelines (CDC Guide D - attached);
    - NPHL specimen and transport directions, specific to Nebraska;
    - Decontamination Guidelines (CDC Guide F - attached);
    - Patient education materials regarding vaccination, contraindications, treatment of vaccination site, etc.
- (2) Pre-event, local health departments will receive copies of the NE HHSS Comprehensive Smallpox Response plan, including a flow chart for reporting suspected cases, and investigation and follow-up responsibilities by agencies, providers, hospitals, laboratories and public health officials (*flow chart being developed*).
- (3) Other volunteer reporters (i.e. schools, employers) are provided education on smallpox disease (including the differences in between smallpox disease and chickenpox) and instructed to contact their local health care providers or local health departments regarding suspicious illnesses or rashes.

- (4) Public education campaigns are used on a regular basis to educate the public about smallpox disease (including the differences between smallpox and chickenpox), instructing the public to contact the local health departments regarding suspicious illnesses or rashes.

2. Sentinel surveillance in schools

- a. December 2002, NE HHSS is reviewing current school sentinel surveillance activities being done in Douglas and Lancaster Counties and is developing protocol that will be used to monitor absenteeisms across the remainder of the state.
- b. On January 1, 2003, expand current school sentinel influenza surveillance activities to monitor all absenteeisms throughout the year.
- c. On January 1, 2003, expand sentinel school surveillance from Douglas and Lancaster counties to statewide.
- d. A sampling of schools will be identified across the state, representative of large and small, city and rural communities.
- e. Identified schools will be contacted by telephone or personnel visit to solicit their participation.
- f. Sentinel schools will receive educational materials that will help them recognize influenza, smallpox, and other possible illnesses that could be linked to bioterrorism.
- g. Sentinel schools will be asked to immediately report any unusual or suspicious illnesses, clusters or outbreaks to DCHD, LLCHD and NE HHS R&L.
- h. Sentinel schools will report absenteeism numbers on a weekly basis to DCHD, LLCHD and NE HHS R&L.
- i. Sentinel schools will report, daily, when absenteeism rates exceed 10%.
- j. Epidemiology staff in DCHD, LLCHD and NE HHS R&L will review and analyze absenteeism data on an ongoing basis in order to identify any unusual situations.

3. Sentinel surveillance by large and/or targeted employers

Surveillance and epidemiology staff at DCHD, LLCHD and NE HHS R&L will explore the benefits and methods of expanding sentinel surveillance to include large and/or targeted employers across the state (i.e. meat packing industry). Union Pacific Railroad is already collaborating with the University of Nebraska Medical Center on an employee illness/unusual event surveillance pilot project.

**4. Active surveillance is implemented if there is a suspicious illness consistent with smallpox.** (See Surveillance, Post-event)

- a. NE HHS R&L, DCHD, LLCHD and other local health departments as designated by NE HHSS, will use CDC's case definitions and differential diagnosis criteria to rule out smallpox from other reported suspicious illnesses. Initial information will be obtained face to face or by telephone.

- b. If it is determined that there is a strong possibility that the illness in Nebraska is smallpox, the NE HHSS Chief Medical Officer will immediately be notified. In turn, the Chief Medical Officer will notify the CDC, Nebraska Office of Homeland Security, NE HHSS administration and Communications, and NeHAN.
- c. The NE State Epidemiologist and other key members of the Public Health Strike Force, will immediately investigate and consider implementing quarantine procedures for the patient and care givers.
- d. The State Epidemiologist and other key identified members of the Smallpox Public Health Strike Force will immediately travel by the fastest available method, to the patient and care providers to interview the patient and close contacts, obtain laboratory test specimens, etc., in order to confirm or rule out smallpox.
- e. Pre-event vaccinated health care professionals in the area will be placed on notice that pending the outcome of the investigation (see d., above), they may need to provide relief for quarantined health care workers at the site.
- f. NE HHSS will immediately implement educational activities regarding smallpox disease, prevention and control. Educational activities directed at public health personnel, health care professionals, clinic personnel, and the general public, are described throughout this plan.
- g. If smallpox is confirmed, NE HHSS will immediately implement Post-Event Surveillance and Control measures. (See PRE-EVENT, C. Pre- and Post Event Enhanced Surveillance, and POST-EVENT, II. Smallpox Response Capabilities)

## **II. Education and Planning, Pre-event**

Educational materials developed by the CDC and other reputable resources will be used when educating professionals and the public.

### **A. Professional Education**

#### **1. Nebraska Bioterrorism Education Consortium for Health Care Professionals**

A consortium of sixteen member organizations, co-chaired by Infectious Disease physicians from the University of Nebraska Medical Center and Creighton University Medical Center, has been built with CDC Bioterrorism Grant Funds to develop education and training capacity within Nebraska and to provide a single source for bioterrorism information to physicians, hospital staff, infection control practitioners, emergency response providers, law enforcement, agriculture and veterinarians, physicians' assistants and nurse practitioners.

The Nebraska Bioterrorism Education Consortium is developing a centralized, consolidated, user friendly, Web-based, education forum to provide bioterrorism education to health care professionals, veterinarian

providers and law enforcement across Nebraska and in neighboring states. The Center's features include:

- Bioterrorism Certification Program
- Speaker's Bureau
- Training for Strategic National Stockpile Distribution and Smallpox Vaccination Clinics
- Live Conferences, with the first conference scheduled for February, 2003
- Newsletter
- Academic Curriculum Review Panel
- Diagnostic Education
- Library
- Educator/User Database
- Learning Management System

Using a combination of face-to-face and distance learning technology (i.e. satellite conferences, telephone conferences and web-based or CD ROM self-paced modules), the Consortium will educate health care professionals regarding smallpox differential diagnosis (i.e. symptoms, laboratory testing, management of cases and contacts, isolation procedures), treatment (VIG and Cidofovir), smallpox vaccine administration (i.e. contraindications), recognition and management of adverse events, VAERS (national Vaccine Adverse Event Reporting System), and public health responsibilities (i.e. reporting suspected cases to public health officials, overview of public health response, including case investigation, contact tracing, isolation and quarantine, public vaccination). The Consortium will also work with NE HHSS in providing training regarding the logistics of receiving, distributing, allocating and storing the stockpile supplies, vaccines and treatment drugs, and the dynamics of incident command.

## 2. Additional Professional Education and Planning

- a. Homeland Security partners (i.e. NE HHSS, NEMA, NE Bioterrorism Education Consortium) are setting up training opportunities for health care professionals, veterinarians, law enforcement and others who will be involved in Strategic National Stockpile distribution and Smallpox Vaccination Clinics.

(1) On November 14, a pre-tabletop smallpox training meeting was held in Lincoln.

- (a) Attendees included representatives from law enforcement, emergency management, military, state and local public health, the medical community, universities, state and local officials, Native American Tribes, and community agencies. Attendees were provided:

- Information about smallpox disease; and
- Nebraska's pre-event vaccination plan.

- (b) Attendees were presented a smallpox scenario and discussions took place regarding agencies' roles and responsibilities in responding to this type of event.
- (2) The meeting served as the first step in preparing for a mock State exercise, dealing with a smallpox outbreak, scheduled in Nebraska for July 2003.
- (3) The July 2003 mock exercise will provide training and evaluation regarding the logistics of receiving, distributing, allocating and storing the stockpile supplies, vaccines and treatment drugs, and the dynamics of incident command.
- b. NE HHSS will participate in CDC's 'train the trainer' education program related to the administration of smallpox vaccine, monitoring for reactions and operating mass public clinics.
  - (1) The core 'train the trainer' team members will include the Smallpox Immunization Clinic Coordinator (Grey Borden), the Communicable Disease Program administrator (Christine Newlon, RN), the Nebraska Bioterrorism Education Consortium training coordinator (Sharon Medcalf, RN), and NE HHSS Chief Medical Officer (Richard Raymond, MD). Additional members will be identified, based on availability of space.
  - (2) NE HHSS will assign additional NE HHSS staff to accompany and assist core team members at pre-event vaccination clinics to train local personnel.
  - (3) NE HHSS will use pre-event vaccination clinics as 'mock public clinics' to train health care providers across the state in smallpox administration technique, education and screening protocol, reading 'vaccine takes', mass clinic operations and flow, and other aspects of operating a mass public clinic. (See PRE-EVENT, III. Vaccination, Pre-event)
  - (4) NE HHSS will also use pre-event vaccination clinics to provide on-site education regarding smallpox disease; differential diagnosis; recognizing and managing smallpox disease and smallpox reactions, including vaccinia; disease surveillance and reporting; and the role of local and state public health officials in responding to suspected and confirmed diseases, including biological agents.
- c. On November 26, 2002, NE HHSS held a briefing on smallpox for the media, to provide general information on smallpox disease and vaccination, to increase their knowledge level to assist public health officials in educating the public as to the need for planning, and in the event of an outbreak.
- d. On December 2, 2002, a Governor's Press Conference was held to educate the media on Nebraska's Comprehensive Smallpox Response Plan and Pre-Event Plan.
- e. In December, 2002, NE HHSS, working with the Nebraska Hospital Association (NHA), the Nebraska Medical Association (NMA), and the Nebraska Bioterrorism Education Consortium, will provide health care

professionals across the state with a variety of smallpox-related materials and information. (See Pre-event, I. Surveillance, B. Smallpox – Pre-event Surveillance, 1. Passive Surveillance)

- d. The Omaha Metropolitan Medical Response System (OMMRS) is a multi-disciplinary taskforce of agencies and organizations whose mission is to assist in developing community plans for response to a mass casualty or weapons of mass destruction event. OMMRS was established in 1998 and membership includes representatives from law enforcement (local and state), fire, emergency management (local and state), military, media, public health (local and state), city and state officials, all Omaha/Council Bluffs/Missouri Valley hospitals and private physicians, and community agencies (i.e. Red Cross, Salvation Army, United Way). The four counties participating include Douglas and Sarpy counties in Nebraska and Harrison and Pottawattamie in Iowa. The two Nebraska counties have a combined population of 592,000, 35% of Nebraska's total population.
  - (1) On November 18, 2002, OMMRS held a Biological Tabletop Exercise dealing with smallpox. The exercise focused on:
    - (a) Local interagency collaboration and coordination,
    - (b) Critical decision making,
    - (c) The integration of assets necessary to save lives and to protect the public health during a biological event,
    - (d) Problem identification, and
    - (e) Future planning.
  - (2) Evaluations were taken from participants and results will be used to direct future planning and training needs.
  - (3) OMMRS will be scheduling additional tabletop exercises in order to evaluate and continue to improve its response plans.
- e. In 2001, federal funds were awarded Lancaster County to form a multi-disciplinary taskforce, similar to OMMRS. The Lincoln Metropolitan Medical Response System (LMMRS) is currently developing community plans for response to a mass casualty or weapons of mass destruction event.
- f. NE HHSS, using facsimiles and electronic mail, rapidly disseminates information regarding CDC satellite training opportunities to public and private health care providers across the state.

#### B. Public education

1. The NE HHSS web site includes information on:
  - a. Agents of bioterrorism, including smallpox;
  - b. Links to other reputable web sites [i.e. CDC, University of St. Louis, John Hopkins, APIC (Association of Practitioners in Infection Control)].
2. Using CDC Bioterrorism Preparedness Federal Grant funds, NE HHSS is developing web pages, including video streaming, that will be immediately posted, in the event of a public health emergency, including smallpox, that will provide ongoing, updated information to the public about the situation,

control measures, public clinics, morbidity and mortality, protection measures, etc.

3. NE HHSS is developing Nebraska-specific educational materials, including videos, public service announcements, pamphlets, etc. NE HHSS will also use materials developed by CDC. This information will be distributed:
  - a. Through the newspapers, radio and television;
  - b. In physicians' offices and hospitals;
  - c. By community service organizations;
  - d. By flyers;
  - e. During church services and other appropriate community gatherings.
4. Nebraska Governor Mike Johanns and Lieutenant Governor David Heineman will participate in developing public service announcements, that could be aired in the event of a smallpox emergency.

### **III. Vaccination, Pre-event**

#### **A. Identification of Targeted Populations to Be Vaccinated Pre-event**

1. In August, 2002, the Administration and NE HHSS appointed a special Smallpox Advisory Committee, serving as a Subcommittee of the Nebraska Bioterrorism Advisory Committee. Members are:
  - Joann Schaefer, MD, Chair, NE HHS System
  - Richard Raymond, MD, NE HHSS Chief Medical Officer
  - Dave Tolo, MD, Children's Hospital, Emergency Services and Poison Control Center, Omaha
  - Archie Chatterjee, MD, Creighton University Medical Center, Omaha
  - Ruth Purtilo, PhD, Creighton University Center for Health, Omaha
  - Bill Madison, Deputy Fire Chief, Lincoln
  - Joe Stothert, MD, University of Nebraska Medical Center; Executive Director, Nebraska Trauma System, Omaha
  - Kevin Hergott, Jefferson County Ambulance Service, Fairbury
  - Jan Stordahl, Bryan/Lincoln General Hospital, Lincoln
  - Joni Cover, Nebraska Hospital Association
  - Lori Snyder, St. Elizabeth Regional Medical Center, Infection Control Practitioner, Lincoln
  - Sharon Medcalf, Infection Control Practitioner, Nebraska Health System, Omaha
  - Andrea Nelson, Lincoln, Nebraska Board of Health
  - Bruce Dart, Director, Lincoln/Lancaster County Health Department, Lincoln
  - Kay Oestmann, Acting Director, Southeast District Health Department, Auburn
  - Senator Jim Jensen; Chair, Health and Human Services Committee, Nebraska Unicameral, Omaha
  - Senator Joel Johnson, MD, Kearney
  - Carole Douglas, Lincoln/Lancaster County Health Department, Lincoln



- Julie Rother, Central Nebraska Community Services, Loup City
  - Col. Chris Maasdam, Nebraska National Guard, Lincoln
  - Kristine McVey, MD, MPH, Indian Chicano Health Center, Omaha
  - Jose Romero, MD, Creighton University Medical Center, Omaha
  - Doug Clark, Omaha-Douglas County Health Department, Omaha
  - Thomas S. Stalder, MD, Infectious Disease Specialist, Nebraska Medical Association, Lincoln
  - Scott Diering, MD, Nebraska Medical Association, Scottsbluff
  - Dick Raymond, MD, Chief Medical Officer, NE HHSS, Lincoln
  - Grey Bordon, Immunization Program Coordinator, NE HHSS, Lincoln
  - Chris Newlon, RN, Communicable Disease Program Administrator, NE HHSS, Lincoln
  - Tom Safranek, MD, State Epidemiologist, NE HHSS, Lincoln
  - Nettie Grant Sikyta, Native American Affairs Liaison, NE HHSS, Lincoln
  - Kathleen Fosler, Governor's Policy Research Office, Lincoln
5. Tasks of the Smallpox Advisory Committee:
- a. The committee's assignment is to assist NE HHSS in the development of a plan for limited pre-event vaccination and to serve as a resource for other smallpox related issues. Since no guidance had been received from the Centers for Disease Control and Prevention (CDC) regarding this issue at the time of the August meeting, and since it was assumed that pre-event vaccine would be in 100 dose units, diluted five fold, the committee prioritized pre-event vaccination, anticipating that Nebraska would receive vaccine in increments of 500 doses per vial. A Public Health Strike Force has been included in the use of the first 500 doses. Targeted populations and vaccine allocations were also drafted for 1000 and 1500 doses.
  - b. Persons vaccinated pre-event will be geographically distributed across the state.
  - c. On October 8, 2002, the proposed allocations were submitted to and received approval from Lieutenant Governor Heineman, Director of the Nebraska Office of Homeland Security, and the Homeland Security Policy Group on behalf of Governor Johanns.
  - d. The pre-event vaccination plan provides limited protection in the unlikely event that the initial case(s) would occur in Nebraska or for a quarantine situation for a suspected first case of smallpox. The Public Health Strike Force will be used to investigate and respond, while the health care professionals will take over a quarantined hospital to protect uninfected patients from misadventures by an exhausted quarantined staff. In the actual event of a confirmed case of smallpox, Nebraska will follow CDC's further guidance concerning targeted recipients and possible mass vaccination.

<b><u>NEBRASKA – SMALLPOX PUBLIC HEALTH STRIKE FORCE</u></b>	<b>DOSES NEEDED</b>
Deputy Chief Medical Officer	1
State Epidemiologist	1
Immunization Program/Disease Control Investigative Staff ( 1 Scottsbluff, 1 North Platte, 1 Kearney, 1 Verdigrée, 6 Lincoln, 1 Omaha )	11
Disease Control – Program Manager	1
Immunization – Program Manager	1
Arturo Coto, HHSS Public Health Assurance: DXed Smallpox & Bilingual	1
Large Health Departments: Douglas and Lancaster Counties (15 doses each, identification of vaccine recipients determined at the local level)	30
Air Mobile Ambulance Services (30 doses) Confirm that if unable to fly vaccine recipients can travel on ground transportation otherwise prioritize to ground ambulance to assure coverage in all weather.	30
Nebraska State Patrol ( 6 doses)	6
Public Health Lab	4
Others With Potential Face to Face Contact (i.e.. Infectious Disease Specialists, Dermatologists, etc)	60
Translators	24
<b>TOTAL</b>	<b>170</b>

<b>Smallpox Allocation</b>	<b>500 Doses</b>
<b># of Doses Allocated</b>	<b>Target Groups</b>
170	Public Health Strike Team
96	Hospitals located in large Counties likely to receive referrals [Douglas (6), Sarpy (1), Lancaster (3), Hall (1), Buffalo (1), Adams (1), Lincoln (1), Scotts Bluff (1), Madison (1)] #6 doses per hospital
222	Health Care Providers located in 72 small counties ( 3 doses per hospital ) and 6 doses for Indian Health Services (Winnebago, Macy, Santee)
<b>488</b>	

<b>Smallpox Allocation</b>	<b>1000 Doses</b>
----------------------------	-------------------

# of Doses Allocated	Target Groups
170	Public Health Strike Team
6	Hospitals in large Counties likely to receive referrals: 6 doses
	per hospital [Douglas (6), Sarpy (1), Lanc. (3), Hall (1), Buffalo(1),
	Adams(1), Lincoln(1), Scotts Bluff(1), Madison(1)]
222	Hospitals in 72 small counties: 3 doses per hospital; 6 doses for
	Indian Health Services (Winnebago, Macy, Santee)
250	Medical Specialists to be allocated to hospitals per census
	Essential Services
	Potential Targets
	Local and Regional Health Departments
45	FBI & other Law Enforcement including tribal law enforcement
200	National Guard Security
983	

<b>Smallpox Allocation</b>	<b>1500 Doses</b>
<b># of Doses Allocated</b>	<b>Target Groups</b>
170	Public Health Strike Team
96	Hospitals in large Counties likely to receive referrals: 6 doses per hospital [Douglas(6), Sarpy(1), Lancaster(3), Hall(1), Buffalo (1), Adams(1), Lincoln(1), Scotts Bluff(1), Madison(1 )]
222	Hospitals in 72 small counties: 3 doses per hospital; 6 doses for Indian Health Services (Winnebago, Macy, Santee)
250	Medical Specialists to be allocated to hospitals per census
150	Essential Services
	Potential Targets
50	Local and Regional Health Departments
45	FBI & other Law Enforcement including tribal law enforcement
200	National Guard Security
300	Immunization Providers
<b>1483</b>	

<b>Smallpox Allocation</b>	<b>Proposed Distribution of More Than 1500 Doses</b>
<b>Number of Doses Allocated</b>	<b>Target Groups</b>
1500	Scenario for first 1,500 doses
500	Stockpile for immediate post-exposure vaccination of health care providers, family members
100	Community Health Centers
24	Lab personnel
24	Additional interpreters
Remainder	Distributed proportionally to hospitals, seeing 1% or more of state's patients, based on discharge summaries.
<b>&gt;1500</b>	

- e. Public Health Strike Force: 170 doses  
Members of the Public Health Strike Force will:
  - 1) Assess and investigate potential cases;
  - 2) Identify and vaccinate exposed individuals;
  - 3) Coordinate the outbreak response;
  - 4) Begin the criminal investigation;
  - 5) Contact CDC for assistance;
  - 6) Order in additional vaccine and supplies;
  - 7) Oversee the operations of public immunization clinics across the state.
  - 8) Transport suspected and confirmed cases to tertiary care hospitals at the request of the attending physician, if not quarantined;
  - 9) Obtain specimens and perform laboratory testing;
  - 10) Provide translation when needed.
- f. Hospital Response Teams: 318 doses  
In October, the NMA communicated with Nebraska Physicians and the NHA corresponded with the Nebraska hospital administrators, on behalf of NE HHSS, informing them of their allocations under the limited plan of less than 1500 doses of vaccine anticipated to be received in the State, educating them about the vaccine and contraindications, and asking each hospital to designate a response team to receive smallpox vaccine, pre-event. It was stressed to the hospitals that:
  - 1) Vaccinations are voluntary.
  - 2) Strict contraindications were listed for pre-event vaccination to protect against avoidable complications.
  - 3) Vaccinated hospital care providers will provide relief to a hospital contaminated or thought to be contaminated with a smallpox victim.
  - 4) Hospital team members should be made up of those most likely to respond to a suspected or confirmed case of smallpox, or to provide critical services locally during mass immunization clinics, and should include at least one physician, physician's assistant or advanced practice registered nurse. Other members might include nursing, laboratory or radiological staff so that a variety of health professions are available to provide relief to another hospital.
  - 5) To date:
    - (a) 39 of the state's 85 acute care hospitals have identified the members of their smallpox response team;
    - (b) DCHD and LLCHD have named their response teams;
    - (c) When asked by the Chief Medical Officer, the NHA sent out a second request to hospitals that had not, at that time, named a response team.
    - (d) The NE HHSS Internal Smallpox Committee will review the lists submitted by the hospitals and suggest any needed adjustments in order to ensure there is cross-representation and

geographical distribution across the state of professions and responsibilities.

g. Additional pre-event allocations

NE HHSS is requesting 4000 doses of smallpox vaccine for pre-event immunization. The following allocations are based on the advisory committee's original recommendations for 1500 doses and the additional 2500 doses that NE HHSS hopes to receive, pending Advisory Committee approval. Allocations may be altered, based on opened discussions with the Advisory Committee, once Nebraska's final allotment is announced by the Federal Government.

- 1) The NE HHS Office of Minority Health is identifying 48 translators to be vaccinated pre-event. Translators will be utilized by NE HHSS and local health officials, as needed, during disease investigations and also, in mass clinics, educating non-English speaking individuals about smallpox disease and vaccination.
- 2) The Office of Minority Health is also working with the tribes to identify health professionals and law enforcement personnel who will be members of the smallpox response team for the Native American population within Nebraska's borders.
- 3) The Nebraska units of the Air and Army National Guard are working together to identify 70 members that are prepared to perform as a mass vaccination team, and an additional 130 Guards that will assist with crowd control.
  - (a) The team will be vaccinated pre-event.
  - (b) The team will assist NE HHSS in pre-vaccinating targeted populations and in mass vaccination clinics.
  - (c) The Air Guard Units in Region VII have formed a collaborative working group that is putting together a regional response plan that will allow units to provide assistance in neighboring states, should the need arise for homeland defense. (i.e. Iowa's units could assist Nebraska, should Nebraska's units be deployed overseas). The group will explore how the Guard's regional response plan might be applied to a smallpox event.
  - (d) CDC has indicated that it will determine if vaccination of the National Guard is a State or Federal obligation. If Federal, the State will utilize the allotted vaccine for clinic vaccination staff or for essential service staff.
- 4) The Nebraska State Patrol has been requested to identify the names of six officers, geographically dispersed across the state, who will be vaccinated pre-event and who will provide immediate law enforcement assistance for quarantine measures.
- 5) The Nebraska Public Health Laboratory (NPHL) is identifying additional personnel at NPHL and at 6 regional laboratories in Nebraska that will be testing for varicella (28 doses).
- 6) NE HHSS is asking for volunteer dermatologists and infectious disease physicians to be vaccinated pre-event because of the

likelihood that they will providing consultation on suspected and confirmed cases.

- 7) NE HHSS is contacting the Nebraska Nurses Association (NNA) to identify what role NNA can play in pre-event planning and response.
- 8) The NE HHSS proposal has identified essential services (communications, energy, utilities and law enforcement) and allocated doses for each service. Upon release of information about each state's pre-event vaccination plans, the proposal will be presented to the Smallpox Advisory Committee for modification or approval.
- 9) NE HHSS is asking for volunteers from the state's five air ambulance services that will transport suspected or confirmed cases, by air or ground, to tertiary care hospitals, if not quarantined.
- 10) The four community health centers in Nebraska are being requested to provide the names of 100 staff (25 per center) who will volunteer to be vaccinated pre-event, both because of their role in mass vaccination of special populations and their ability to assist in translation services.
- 11) NE HHSS will rely on staff from the local childhood public immunization clinics and private providers to assist in mass smallpox clinics; therefore, NE HHSS is asking for 300 volunteers from the public clinics and private providers to be vaccinated pre-event. These doses will be allocated, based on Year 2000 census statistics and mass immunization clinic numbers, with approximately 3-4 key staff at each mass immunization clinic receiving pre-event vaccination.
- 12) DCHD and LLCHD have identified the 15 members of their health departments' Public Health Strike Force.
- 13) The remaining LB692 recognized multi-county local health departments, plus Dakota, Scotts Bluff and the Sandhills Multi-county Health Departments, are being asked to submit names of staff to be vaccinated pre-event (2-3 persons per department).

**B. Pre-event Vaccine Administration**

**1. Selection of vaccination teams and training**

- a. NE HHSS will participate in CDC's 'train the trainer' education related to the administration of smallpox vaccine and operating mass public clinics.

- (1) The core 'train the trainer' team members will include the Communicable Disease Program administrator (Christine Newlon, RN), the Smallpox Immunization Clinic Coordinator (Grey Borden), the Nebraska Bioterrorism Education Consortium training (Sharon Medcalf, RN) and the NE HHSS Chief Medical Officer (Dick Raymond, MD). Additional members will be identified, based on availability of space.

- (2) NE HHSS will assign additional NE HHSS staff to accompany and assist core team members at pre-event vaccination clinics to train local personnel.
  - (3) Vaccination 'train the trainer' team members are being selected by the Nebraska Guard units, LLCHD, DCHD and local health departments.
  - (4) The team members from the Guard, LLCHD, DCHD and other local health departments will accompany the NE HHSS team to the first pre-event vaccination clinics, or to a later clinic, if more convenient, to participate in hands-on education and experience in vaccine administration and mass clinic operations.
  - (5) DCHD, LLCHD and other health departments will then educate health care providers and immunization staff in their counties regarding vaccine administration and mass clinic operations.
  - (6) NE HHSS will use pre-event vaccination clinics as 'mock public clinics' to train health care providers and local health department staff across the state in smallpox administration technique, education and screening protocol, reading 'vaccine takes', mass clinic operations and flow, and other aspects of operating a mass public clinic.
  - (7) NE HHSS will make available to health care providers across the state educational opportunities and materials distributed from the CDC (i.e. satellite conferences, telephone conferences and web-based or CD ROM self-paced modules).
2. Pre-event Vaccine Administration
- a. Fifteen towns across Nebraska have been selected as pre-event vaccination clinic sites.
  - b. December, 2002, local health departments will be requested to assist NE HHSS by reserving a vaccination clinic site in each of the fifteen towns.
  - c. Pre-event volunteers will be vaccinated, using a mock mass clinic set-up.
  - d. Vaccination will begin within two weeks of receipt of the vaccine.
  - e. Vaccination across the state of pre-event targeted populations will be completed in three weeks.
  - f. Three NE HHSS vaccine teams will provide training as outlined previously in the Plan, and administer vaccine, with the assistance of local health department staff.
  - g. After training on Day 1, LLCHD and DCHD will administer pre-event vaccination in their counties per their local schedules, but to be completed within three weeks.
  - h. The Guard team will be used to vaccinate Essential Services personnel.
  - i. Volunteer recipients will travel to the pre-event clinic sites for vaccination and training related to the vaccine and the operation of



mass public clinics. Volunteers can choose the date and location of the clinic that they will go to.

- j. Vaccination by NE HHSS will take place in two one-week waves, in fifteen towns, across the state so that hospitals can stagger the vaccination of staff.
- k. In addition to the first wave of vaccinations, Week One will be used to educate local health care providers and local health departments on vaccine administration, screening, clinic operations, associated paper work and record keeping, etc.
- l. Week Two will also provide an opportunity for the NE HHSS team to assess 'vaccine takes', assess vaccine reactions, evaluate and adjust clinic operations and flow, provide any further education or technical assistance to the local health departments and communities.
- m. Week Three will be used to vaccinate any targeted persons who were unable to be vaccinated during the first two weeks.

\*\*\*\*\*

### **PRE-EVENT VACCINE CLINIC SCHEDULE**

3 Teams: 2 NE HHSS staff per team (one administrator/educator and one 'paper work/educator'); other members may be assigned as needed for training purposes

#### Week One

Monday: Beatrice, Grand Island/Hastings, Norfolk

'Train the trainer' teams from DCHD, LLCHD and the Guard will accompany each team so that they can receive training and experience in vaccine administration and clinic operations. Monitor the amount of time needed, from beginning to end, to vaccinate one person. DCHD and LLCHD will return to their counties and begin vaccinating their counties' pre-event volunteers. The Guard team will vaccinate its pre-event volunteers, essential services and provide assistance to the other teams, as needed.

Tuesday: Auburn, Kearney, Columbus

Wednesday: North Platte, McCook, O'Neill,

Thursday: Burwell, Ogallala, Ainsworth,

Friday: Sidney, Scottsbluff, Chadron

#### Week Two

Repeat the same schedule (without DCHD and LLCHD). Assess 'vaccine takes', assess vaccine reactions, evaluate and adjust clinic operations and flow, provide any further education or technical assistance to the local health departments and communities.

#### Week Three

Determine which volunteers have not yet been vaccinated and based on where most of the unvaccinated persons are, set up one-three 'mop up' clinic sites to provide final vaccinations. Assess DCHD's and LLCHD's status; assist with NE HHSS or the NE Guard vaccination teams, if necessary.

\*\*\*\*\*

#### **IV Local Capacity; Mass Clinic Planning, Pre-event**

- A. Manual: Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications; October, 2002 (attached to plan)
  - 1. Concept: the same general process is used for any mass administration of vaccines and/or medications.
  - 2. The first part of the manual addresses general aspects and guidelines for mass provision (i.e. collaboration, inventories of resources, clinic flow, job responsibilities).
  - 3. Annexes are attached that provide additional information about specific events (i.e. smallpox)
  - 4. The guidelines and plans must be tailored to meet the individual needs of each area, taking into consideration a number of factors unique to that region (i.e. population demographics, physical and personnel resources, threat/risk of exposure).
  - 5. October, 2002, the draft manual was distributed to all local health departments and their identified community partners and the Nebraska National Guard.
- B. Operational Concepts for Clinics
  - 1. The Directors of the local health departments as recognized by LB692, plus Dakota, Scotts Bluff and the Sandhills Multi-county Health Departments, are responsible for planning and clinic operations in their jurisdictions. If the health department does not yet have a director or if the director needs assistance, HHSS has and will continue to provide technical assistance as requested, to ensure that planning and implementation occur.
  - 2. The directors of the local health departments need to identify a site administrator for each clinic, who will be responsible for overseeing and supervising the operations of that clinic.
  - 3. Geographical/political subdivisions for smallpox clinics are consistent with the geographical areas of the local health departments as recognized by LB692, and are referred to in the plan as "Designated Clinic Planning Regions".
  - 4. The Strategic National Stockpile plan and clinic plans are consistent regarding drop sites, storage facilities, etc.
  - 5. In developing the region's response plan, the local health department director will work with the local emergency planning officials (and the local emergency operations plan) in all counties in that designated clinic planning region.
  - 6. Planning and clinic operations will require a collaborative effort and use of multiple local resources (i.e. hospitals, schools, Emergency Medical Services, industries, vendors, volunteer organizations, service agencies, medical providers).
  - 7. Each region will need to identify and maintain an inventory of local resources to include, but not be limited to:
    - a. Secure storage areas for vaccine and/or pharmaceutical supplies

- b. Immunization providers
  - c. Other potential ancillary personnel for clinic operations and responsibilities
  - d. Potential clinic sites and contacts for those sites
  - e. Location and number of 'shut-ins'
  - f. Vendors and industries
  - g. Translators
  - h. Service agencies
  - i. Licensed medical providers, law enforcement, National Guard/Military, etc.
8. Experienced personnel from local public immunization clinics will be identified in each region to provide coordination and guidance during mass clinics.
  9. NE HHSS staff will 'trouble shoot'/provide technical assistance across the state to clinics. NE HHSS will train local health department staff and infection control nurses to conduct disease investigations, using the CDC case investigation forms and guidelines.
  10. NE HHSS is currently working on a mental health plan that will place two mental health counselors at each mass immunization clinic. NE HHSS will work with local health departments to incorporate the use of mental health workers in each local comprehensive plan.

In Nebraska, HHSS staff feel strongly that whether an event is bioterrorism or agri-terrorism related, mental health will be an overwhelming need regardless of how small or large an event is. Therefore, there is a critical need for mental health to be available at the clinics sites. There will be a mental health clinic and support service area in all clinics and other 'point of distribution' sites for referring those in need to the proper agencies and/or providing basic crisis counseling. These sites can be used if the event is agri-terrorism only, to provide an organized approach to helping farmers with not only mental health issues, but insurance and financial assistance resources as well. As a large agricultural state, Nebraska is at great risk for such an event and working with the Department of Agriculture is key to the state's ability to cope with such an event.

#### C. Identification of Health Department Contacts and Clinic Sites

1. DCHD and LLCHD are responsible for planning and operating mass clinics in their counties, with NE HHSS final approval.
2. NE HHSS has and will continue to provide direction and assistance to all other local health departments in planning and operating mass clinic sites.
3. All local health departments are developing comprehensive local smallpox response plans.
4. Four regional mass clinic planning workshops were held (October 29 – Grand Island, November 5 - Scottsbluff, November 6 – North Platte, November 7 – Norfolk)

- a. Audience – local health department directors and staff, Boards of Health, Medical Directors, local health care providers, emergency responders (local emergency management officials, fire and law enforcement), community action agencies, local government officials, other identified community partners
  - b. Attendance, based on sign-in sheets: Grand Island - 45; Scottsbluff - 35; North Platte - 20; Norfolk – 39.
  - c. Agenda
    - (1) Overview of smallpox and bioterrorism
    - (2) Overview of Strategic National Stockpile and Nebraska's plan of distribution (identification of hubs and subhubs)
    - (3) Overview of mass clinic operations
    - (4) Personnel duties and responsibilities, including the use of volunteers.
    - (5) Other populations to consider in their response plans (i.e. 'shut-ins', correctional facilities, colleges)
    - (6) Initial planning steps for local health departments
      - (a) Identification of local health department contacts and county emergency operations officials
      - (b) Determination of planning area's populations
      - (c) Identification of mass clinic sites
  - d. Local health departments were asked to submit contacts' names, population figures and clinic sites to NE HHSS by November 15, 2002.
  - e. Local health departments are currently identifying populations and all workers involved in control measures and patient care (categories and numbers) that will be vaccinated first (Day 1), should a case of smallpox occur and mass clinics become necessary.
  - f. Additional planning details are outlined in the draft clinic manual (attached).
5. The Nebraska Department of Education, in collaboration with NE HHSS, sent a letter to all school administrators, requesting their cooperation and assistance with local health departments, in offering school facilities (classrooms, gyms, equipment) and voluntary personnel for mass clinics. The letter was also copied to related professional organizations and all school nurses.
6. Local health department contacts
- a. All local health departments have submitted the following information regarding area contacts to NE HHSS:
    - (1) List of counties included in the local health department's region;
    - (2) A name of the primary, secondary and tertiary contact person in the health department area that will be notified, should a public health emergency occur, including:
      - (a) name,
      - (b) address,
      - (c) telephone number (24/7),
      - (d) cell phone number,

- (e) beeper number,
  - (f) e-mail address,
  - (g) fax number
- (3) The name and telephone number of the local emergency planning person in each county in the health department's region.
- b. Local health departments have over 100 clinic sites across the state and submitted the information to NE HHSS. The clinics will operate two 8-hour shifts, 6 lines per clinic (approximately 4320 clients per 8-hour shift). **This number of clinics will immunize the state's population in 4 days.**
- c. The information is being entered into a central data base at NE HHSS and is available to the CDC, upon CDC's request.
- d. NE HHSS will provide the local health departments with the name of the hub contact.
- e. The local health department and hub contact will identify the name of subhub contacts that will ensure delivery of supplies and vaccines to mass clinic sites.
  - (a) The local health department and hub contact will develop supply storage and distribution plans, based on further direction that will be provided to them by NE HHSS.

## **POST-EVENT**

### **I. SMALLPOX PREPAREDNESS CAPACITIES**

- A. Organization and Capacity
  - 1. Organization chart: attached.
  - 2. NEMA's Emergency Operations Response Plan outlines contacts and call-down structures for a declared emergency in Nebraska, including a threat to the public health. The Plan is available upon request.
  - 3. All local health departments have submitted the following information regarding area contacts to NE HHSS:
    - a. List of counties included in the local health department's region;
    - b. A name of the primary, secondary and tertiary contact person in the health department area that will be notified, should a public health emergency occur, including:
      - (1) name,
      - (2) address,
      - (3) telephone number (24/7),
      - (4) cell phone number,
      - (5) beeper number,
      - (6) e-mail address,
      - (7) fax number
    - c. The name and telephone number of the local emergency planning person in each county in the health department's region.

4. All local, state and federal contact information is being compiled in a central data base. The data base contains individuals' names and telephone numbers and therefore, is not part of the public document. The information is available to the CDC, upon CDC's request.
5. The Communicable Disease Program has a voice mail message that operates during non-business hours and provides a 24-hour emergency number. State of Nebraska Security answers the emergency number 24/7/365 and uses a call-down sheet to contact the NE HHSS staff person who is responsible for responding to an emergency event.
6. The NE HHSS Chief Medical Officer, Deputy Chief Medical Officer, State Epidemiologist, Communicable Disease Administrator and others designated by the Chief Medical Officer, carry cell phones at all times.
7. Management of patients
  - a. NE HHSS is using Federal CDC Bioterrorism Grant funds to educate hospitals and health care providers about smallpox, including patient care and treatment. A variety of educational methods and activities, and the distribution of resource information, are addressed throughout this document.
  - b. Infectious disease specialists and dermatologists are included as part of the Public Health Strike Force that will investigate and assist hospitals and health care providers in diagnosing and caring for suspected and confirmed cases of smallpox.
  - c. NE HHSS will identify several infectious disease specialists who will be available to immediately provide consultation, either face to face, or by telephone, to a health care provider whose patient is suspected to have or is confirmed to have smallpox or to consult on vaccination reactions or complications. Consultants will be available on a rotating schedule to ensure continual coverage, 24 hours a day, 7 days a week, 365 days a year.
  - d. Air mobile ambulance services staff are included as part of the Public Health Strike Force and will transport suspected and confirmed cases to tertiary care hospitals, at the request of physicians, if not under quarantine.
  - e. Hospitals are identifying Smallpox Health Care Response Teams that will be vaccinated pre-event and will also be able to provide relief to staff in other hospitals caring for smallpox patients. Pre-event identification and vaccination of health care providers are addressed earlier in this document.
  - f. Hospitals, emergency responders, local health departments and others providing care to patients suspected to have or confirmed to have smallpox disease or vaccinia, will be provided copies of CDC Decontamination Guidelines, Guide F, to provide them direction as they care for patients.
  - g. State and local health departments and collaborative partners will use Checklists for State/Local/CDC Personnel Actions in a Smallpox

Emergency, CDC Annex 8, as a resource to guide a comprehensive, collaborative, state and local response effort.

B. Assignment of Staff Roles and Responsibilities

1. Nebraska has identified a Public Health Strike Force that will be vaccinated pre-event. (See PRE-EVENT, III. Vaccination, Pre-event, A. Identification of Targeted Populations to Be Vaccinated Pre-event)
2. Other targeted professions (i.e. additional health care providers; laboratory personnel; emergency responders, including law enforcement) have been identified and volunteers are being solicited to be vaccinated pre-event. (See PRE-EVENT, III. Vaccination, Pre-event, A. Identification of Targeted Populations to Be Vaccinated Pre-event)
3. Pre-event vaccination will start within two weeks of receipt of the vaccine.
4. Vaccination across the state of pre-event targeted populations will be completed in three weeks.
5. NE HHSS and local health departments are compiling lists of workers, involved in response activities and essential services, who will vaccinated on 'Day 1' (prior to the start of public mass vaccination on the first day of the public clinic), should a case of smallpox occur and mass clinics be necessary.
6. NE HHSS is compiling data bases that will include the names, professions, skills and locating information for persons pre-vaccinated, so that these persons can be called upon, should a case of smallpox occur.
7. Local health departments and collaborative partners, NEMA and the National Guard units have received copies of Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications; October, 2002.
8. Local health departments have compiled their lists of local emergency contacts and mass clinic sites. (See PRE-EVENT, IV. Local Capacity; Mass Clinic Planning, Pre-event)
9. Local health departments have identified over 100 clinic sites across the state and submitted the information to NE HHSS. The clinics will operate two 8-hour shifts, 6 lines per clinic (approximately 4320 clients per 8-hour shift). **This number of clinics will immunize the state's population in 4 days.**
10. Local health departments are soliciting and identifying personnel to staff mass clinics, as outlined in the Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications. They are also identifying key mass clinic personnel for pre-event vaccination.
11. Local health department staff are identifying local personnel resources, local physical resources and local equipment and developing local response plans, as outlined in the Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications.
12. NE HHSS is waiting for further information from CDC regarding what supplies and materials CDC will be providing and what will need to be obtained at the state level. After that information is received, NE HHSS

and its state and local partners will prepare a plan addressing the procurement, storage and up-keep of clinic supplies, at the state, regional and local level. The clinic supply plan will mesh with plans and protocol addressing the distribution of the Strategic National Stockpile.

13. The Nebraska Public Health Laboratory is improving testing capacities and pre-vaccinating designated staff in its facility and in 6 regional laboratories in Nebraska that will be testing for varicella. NPHL is conducting on-site training across the state, using funds from the CDC Bioterrorism Grant.

#### C. Pre- and Post Event Enhanced Surveillance

1. Pre-event Enhanced Surveillance is addressed in PRE-EVENT, including activities that will take place if a case is suspected. (See PRE-EVENT, I. Surveillance, Pre-event, B. Smallpox – Pre-event Surveillance)
2. Post-event Enhanced Surveillance
  - a. If a case of smallpox is suspected or confirmed in the World, NE HHSS will follow CDC's direction regarding the implementation of enhanced surveillance activities
  - b. If a case of smallpox is suspected or confirmed in the United States, NE HHS R&L will instruct all local health departments to begin daily telephone calls to all health care providers, hospitals and medical laboratories in their jurisdictions, requesting the following, for the time period since the last report:
    - (1) Number of patients/admissions
    - (2) Number of patients with severe flu-like symptoms
    - (3) Number of patients with rash-fever illnesses
    - (4) Number and types of laboratory tests done
  - c. The State Epidemiologist and NE HHSS epidemiology staff, and epidemiology staff in Douglas and Lincoln-Lancaster County Health Departments, are responsible for continually monitoring and analyzing disease reports and syndromic surveillance information in order to identify unusual illnesses, clusters, outbreaks or other signs of a bioterroristic attack.
  - d. If smallpox is suspected or confirmed, the CDC will immediately be notified and its assistance requested. The State Epidemiologist, in collaboration with the CDC, and Douglas and Lincoln-Lancaster County Health Departments if the case(s) occur in their counties, will conduct on-going epidemiological analyses to:
    - (1) Estimate and identify the populations at risk;
    - (2) Identify the zone of containment/quarantine;
    - (3) Identify unusual epidemiologic characteristics of the event(s);
    - (4) Evaluate the characteristics and extent of the outbreak;
    - (5) Determine and implement appropriate containment and control measures;
    - (6) Monitor the success of the containment and control measures;



- (7) Provide appropriate, up-to-date information to public health officials, health care providers and the public.
  - e. NE HHS R&L, DCHD, LLCHD and other local health officials as identified by NE HHS R&L, will follow the CDC protocol, using CDC case investigation forms, to investigate suspected and confirmed cases of smallpox.
- 2. Laboratory surveillance
  - a. The Nebraska Public Health Laboratory (NPHL) and six geographically located laboratories across Nebraska are expanding their capacity to do varicella testing to rule in or rule out smallpox, using CDC Bioterrorism Preparedness Grant funds to enhance laboratory capacity.
  - b. Additional NPHL varicella surge capacities:
    - 1) Approximately 100 DFA (direct florescent antibody) tests at a time in Omaha and Lincoln with an additional 100 tests across the state once the six regional laboratories have received their training;
    - 2) Approximately 100 shell cultures.
  - c. Additional smallpox specific issues
    - 1) Electron microscopy is being explored to use as a rapid identification test for the virus.
    - 2) Rapid DNA testing via PCR (polymerized chain reaction) identification for chickenpox (varicella-zoster virus) and herpes simplex virus, is currently available and the multi-site validation studies have been completed, hoping that NPHL will be selected as a regional laboratory to do smallpox (variola) diagnostics.
  - d. NPHL and medical laboratories will follow Specimen Collection and Transport Guidelines, CDC Guide D, when smallpox disease is suspected.
- D. Identification of Clinic Sites
  - 1. Clinic sites have been identified across the state, using criteria outlined in the Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications. (See PRE-EVENT, IV. Local Capacity; Mass Clinic Planning, Pre-event)
  - 2. Local health departments are working collaboratively with neighboring departments when identifying clinic sites, to ensure the best use of available personnel and physical resources, and accessibility to persons living in the area.
  - 3. Local health departments are including in their plans, vaccination of 'shut-ins' and others unable to travel to mass clinics (i.e. correctional facilities; long term care facilities).
  - 4. Persons can receive vaccine at any clinic, regardless of residency or income.
  - 5. Identified clinics for "special populations" (language barriers, cultural competency issues, 'shut-ins') are being considered in some regions.

#### E. Training and Education

1. Educational activities directed at health care professionals, clinic personnel, and the public are described throughout this plan.
2. Pre-event vaccination clinics will be used as 'mock clinics' and will provide the opportunity for local and state health staff, private health care providers and others involved in clinic operations to receive "hands-on training", addressing all aspects of mass clinic operations, as outlined in the Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications.
3. State and local public health officials, private health care providers, and others identified as possibly having a role in the operation of mass clinics and smallpox response, have been notified by the Nebraska Bioterrorism Education Consortium and the Chief Medical Officer using the NeHAN and professional associations, of the CDC Smallpox Training satellite broadcast on December 5 and 6, addressing smallpox vaccine, administration, etc.
4. NE HHSS has addressed bioterrorism-related communications as part of the CDC Bioterrorism Grant. In addition, NE HHSS will use the resources provided by CDC in pre-event and post-event communication activities.

#### F. Data Management

1. Grey Borden, Bioterrorism Surveillance Coordinator, will oversee data management responsibilities.
2. NE HHSS will use software packages supplied by CDC to manage vaccination records and data; recording of adverse events (VAERS), etc.
3. In a vast rural state like Nebraska, it is not feasible to expect that all clinic sites will have adequate electronic connectivity. Nor is it reasonable to expect that local areas will have sufficient numbers of computers that will support the CDC software. Clinic information will be obtained on paper at the clinic sites. The forms will then be transferred to a data entry site that has computers that comply with CDC requirements. The information will be entered into data bases away from the clinic settings, in order to minimize disruptions and data entry, have computer support services readily available, and maximize data entry efficiency.
4. Computer data bases and stations will be secure and confidential. Computer stations and data entry personnel will comply with the requirements and standards set forth in the Communicable Disease Program Confidentiality Protocol of NE HHS Department of Regulation and Licensure.

## II SMALLPOX RESPONSE CAPACITIES

#### A. Case Investigations

1. NE HHSS, local health departments and health care providers will follow the CDC guidelines provided in Guide A, including the use of CDC's suggested case investigation forms.

2. NE HHSS and local health departments will conduct surveillance and follow-up activities, as previously outlined in this document.
3. NE HHSS, local health departments and health care providers will use CDC's Generalized Vesicular or Pustular Rash Illness Protocol as a guide in investigating suspected cases of smallpox or unusual rashes.
4. NE HHSS, local health departments and health care providers will use the published CDC smallpox case definitions when classifying and diagnosing cases.
5. Investigation and follow-up of suspected and confirmed cases of smallpox and vaccination of contacts will take top priority over all other disease investigations and follow-up, at the state and local levels. Sufficient personnel will be assigned and re-assigned from other routine or lower-priority tasks to ensure that all suspected and confirmed cases are responded to immediately.
6. Nebraska statutes and regulations provide state and local authority to implement appropriate measures necessary to protect the public's health.
  - a. Smallpox and other bioterrorism agents must be reported immediately to public health officials, as previously outlined in this plan.
  - b. State and local authorities have the power to develop, adopt and implement additional emergency regulations if necessary to protect the public's health.
  - c. NE HHSS will use as guidelines, Quarantine Measures in Response to a Suspected Smallpox Outbreak, Guide C – Isolation Guidelines, CDC, in carrying out control, isolation and quarantine activities.
7. The Governor of Nebraska maintains the authority to meet the dangers to the state and people presented by disasters, emergency, or civil defense emergencies, or the treat thereof. In the event of disaster, emergency, or civil defense emergency beyond local control, the Governor may assume direct operation control over all or any part of the emergency management functions of the state. (NEMA, Nebraska SEOP)

#### B. Vaccination Strategy

1. Pre-event vaccination was described in detail previously in PRE-EVENT.
2. If it is determined that there is a strong possibility that the illness in Nebraska is smallpox, the NE HHSS Chief Medical Officer will immediately be notified. In turn, the Chief Medical Officer will notify the CDC, Nebraska Office of Homeland Security, NE HHSS administration and Communications, and NeHAN.
  - a. In concert with CDC, NE HHSS will request vaccine to implement ring vaccination around strongly suspected and confirmed cases of smallpox.
  - b. If a case of smallpox is confirmed, NE HHSS will request vaccine to implement vaccination in mass clinics.
  - c. In addition, if smallpox vaccine is requested from CDC, NE HHSS will implement all other aspects of the Post-Event activities, outlined in this plan.

3. When conducting case investigations, as previously described, every possible effort will be made to vaccinate contacts and potential contacts at the time of face-to-face interview.
  - a. Epidemiology investigative teams will include a health care professional, trained in smallpox vaccine screening and administration (included in the professional's scope of practice), who can vaccinate contacts immediately after identification.
  - b. Teams will carry vaccination kits that ensure proper storage of vaccine and supplies. (See vaccine package insert instructions)
  - c. Team members will maintain a proper 'control chain' of the vaccine to ensure proper handling and avoid wastage.
4. If it is impossible to vaccinate the contacts and/or potential contacts at the time of the interview because of lack of vaccine or other extenuating circumstance, and mass clinics are being held at that time, in a location that the contacts and potential contacts can be guaranteed to attend, contacts and potential contacts will be given a 'priority pass' to present to the clinic triage staff at the clinic entrance so that they can be 'fast-tracked' through the clinic, avoiding lines and crowds, immediately vaccinated and removed from the clinic site.
  - a. A case investigator will check with the clinic, the contacts and potential contacts to ensure that all contacts and potential contacts received vaccine.
  - b. If any contact or potential contact fails to be vaccinated at the public clinic, he/she will be subject to isolation and/or quarantine until the incubation period has passed and the person remains free of illness.
5. Identified contacts and potential contacts who refuse vaccination within the period when vaccine will provide protection (4 days from initial known exposure), are subject to isolation and/or quarantine, as outlined in A. Case Investigation, above, until the incubation period has passed and the contact remains free of illness.
6. If a contact can not be vaccinated within the first four days of exposure, the person will still be offered vaccine, but will be are subject to isolation and/or quarantine until the incubation period has passed and the contact remains free of illness.

#### C. Vaccine Logistics and Security

1. NE HHSS will follow the security guidelines outlined in the Strategic National Stockpile plan, at the state, hub, subhub and clinic sites.
2. The NE HHSS Immunization Program Coordinator or Grey Borden will be responsible for vaccine storage, handling and dissemination to hubs, assisted by the SNS coordinator, Keith Hansen, NE HHSS.
  - a. NE HHSS has a secure, monitored, alarmed refrigerator that will be used to store smallpox vaccine, prior to redistribution across the state.
  - b. The SNS coordinator, working with local hub coordinators, is identifying secure storage facilities across the state, including secure refrigerators.

- c. Local health departments, working with local hub and subhub coordinators, are identifying secure storage facilities for smallpox vaccine and clinic supplies.
3. The State Patrol and National Guard have identified staff to be vaccinated pre-event and who will be available to supply security as needed during vaccine transport.
4. NE HHSS and local health departments will use CDC-provided software to record and monitor vaccine inventories and administration on a daily basis.
5. Local health departments are developing detailed local clinic plans and protocol, as outlined in the Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications, including identification of clinic supplies and inventories, identification of storage facilities and security measures, and inventory control measures. Local health departments are also identifying persons responsible for oversight of vaccine and supply inventory and control.
6. Local health departments and clinic site coordinators will work collaboratively to maximize the use of vaccine and clinic supplies.
  - a. Clinics will identify a runner who can shuffle supplies between area clinics if needed.
  - b. Should it be necessary to transfer an 'opened' 100 dose vial to another location, the nurse/administrator who has been using that vial will transport the vial to the other clinic and continue to administer vaccine from that vial, until the vial is empty, thereby maintaining the 'chain of control' and ensuring that the vial is not contaminated.
7. Clinic staff will follow published OSHA requirements when handling and disposing of medical waste.

#### D. Clinic Operations and Management

1. Local health departments are developing detailed local clinic plans and protocol, as outlined in the Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications, including:
  - a. A brief job description for each clinic function, including supervisors;
  - b. A clinic flow/operations schematic;
  - c. A strategy for maintaining medical and vaccination supplies and other equipment, educational and screening materials, forms, and cold storage;
  - d. A plan for providing and maintaining adequate phone lines, telephones, computers, furnishings (tables, chairs, etc.), waste disposal, medical related supplies, forms and informational materials at each clinic sites; and
  - e. A plan for providing adequate crowd control measures and security for staff and vaccine at each clinic site.

#### E. Vaccine Safety Monitoring, Reporting, and Patient Referral

1. Using educational strategies outlined elsewhere in this plan, NE HHSS will provide audience appropriate materials to educate state and local public

health professionals, health care providers and the public regarding the use of VIG and Cidofovir.

2. When complete, NE HHSS will distribute the CDC protocols addressing the use of VIG and Cidofovir and evaluation and treatment of neurologic and dermatologic adverse events to local health departments, and health care professionals.
3. NE HHSS will participate in national trainings and/or support the use of hotline(s), educating providers in clinically diagnosing and treating reactions.
4. NE HHSS will identify subspecialists in dermatology, neurology, allergy/immunology, infectious diseases, and ophthalmology to act as consultants for severe adverse event evaluations, hospitalizations, treatment and longer term follow-up, and collecting, receiving and analyzing state specific data on adverse events.
5. NE HHSS and local health departments will follow CDC protocol and use the VAERS system to monitor and track adverse events. (Education of health professionals and the public regarding adverse events was previously addressed in this plan.)
6. The NE HHSS Immunization Program Coordinator will be responsible for overseeing the activities related to vaccine safety monitoring and reporting and patient referral.
7. Local health departments will follow the CDC requirements regarding patient screening prior to vaccination, and post-vaccine education regarding possible side effects and adverse reactions, and reporting of adverse events to public health officials or personal physicians.
8. Detailed up-to-date information, provided by CDC, regarding vaccine safety, patient education, screening, monitoring 'takes', reporting adverse events, etc., will be added to the Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications, when received from CDC.

#### F. Communications

1. Educational activities directed at public health personnel, health care professionals, clinic personnel, and the general public are described throughout this plan.
2. NE HHSS has addressed bioterrorism-related communications as part of the CDC Bioterrorism Grant. In addition, NE HHSS will use the resources provided by CDC in pre-event and post-event communication activities.

## **ATTACHMENTS**

**NOTE: Every effort will be made to up-date this document with the most recent Federal requirements, recommendations and guidelines; regardless, NE HHSS will follow the latest requirements issued by the Federal Government and Centers for Disease Control and Prevention (CDC) and use the latest CDC recommendations and guidelines related to the diagnosis and control of smallpox disease, vaccine handling and administration, and the operation of mass clinics.**

- Manual: Draft Nebraska Guidelines for Mass Administration of Vaccines and Prophylactic Medications
- NE HHSS Organizational Chart/Call Down
- Nebraska Regulations, Title 173 Communicable Diseases, Chapter 1 Reporting and Control of Communicable Diseases
- Nebraska Statutes Containing References to Communicable Disease Surveillance and Control
- Nebraska Bioterrorism Education Consortium description
- Quarantine Measures in Response to a Suspected Smallpox Outbreak, Guide C – Isolation Guidelines, CDC
- Specimen Collection and Transport Guidelines, CDC Guide D
- Decontamination Guidelines, Guide F, CDC Decontamination Guidelines, Guide F, CDC
- Checklists for State/Local/CDC Personnel Actions in a Smallpox Emergency, CDC Annex 8
- Generalized Vesicular or Pustular Rash Illness Protocol